



AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____

SOCIAL SECURITY #: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE #/STATE: _____

I, _____, do hereby authorize Des Moines County, Iowa, to conduct a driver's license check, investigate my past employment history, conduct a criminal background investigation and obtain any other information as may be necessary in determining my suitability for employment with Des Moines County.

I fully understand the information provided may be of a sensitive, confidential and privileged nature, and may reflect negatively upon me.

Any questions pertaining to the release of information should be directed to the Des Moines County Engineer's Office at (319)753-8241.

I acknowledge that this information is necessary. I hereby release any providers of information from any and all liabilities.

Signature

Date